

## PAST PERFORMANCE QUESTIONNAIRE

1. The Contractor identified below has requested that you complete a past performance questionnaire on their behalf. This questionnaire will be used by the Contracting Officer to assess the likelihood that the Offeror will perform successfully on an impending requirement for a Community Based Outpatient Clinic in Columbus, Mississippi for the G.V. (Sonny) Montgomery VA Medical Center, Jackson, Mississippi. Your prompt completion and return of this questionnaire is greatly appreciated.

CONTRACTOR NAME \_\_\_\_\_

REFERENCED CONTRACT # \_\_\_\_\_

2. Background. The G.V. (Sonny) Montgomery VA Medical Center, Jackson, Mississippi, has a need for the provision of Primary Care and Mental Health services for eligible Veterans living in Washington County and the surrounding counties of Mississippi. The contractor shall furnish health care providers, medical facilities, equipment and supplies, and administrative functions to fulfill the support of enrolled patients.

### 3. GENERAL INFORMATION: (Completed by Reference of Contractor being evaluated)

Name of Government or Commercial Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contract Number: \_\_\_\_\_

Brief Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contractor Performed as: ☐ Prime Contractor ☐ Sub-Contractor

Dates of Performance (if current include expiration): \_\_\_\_\_

Total Value of Contract: \_\_\_\_\_

Any terminations for cause or default? Circle YES or NO

If yes, brief explanation: \_\_\_\_\_  
\_\_\_\_\_

Any contract discrepancy reports filed? Circle YES or NO

If yes, brief explanation: \_\_\_\_\_  
\_\_\_\_\_

Point Of Contact/Contracting Officer's Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Point of Contact's email address: \_\_\_\_\_

4. Please answer the following questions pertaining to the relevancy of the services provided to you as compared to the description in paragraph 2.

Q1. Did the contractor provide Primary Care Services and Mental Health Services (Y/N)? \_\_\_\_\_

Q2. If no, please provide a short description of the type of services provided.

Q3. Did the contractor provide any additional services (Y/N)?\_\_\_\_\_ If so, what types?

5. Please use the below matrix to answer questions relating to performance using the following template.

Please evaluate the past performance using only the following ratings without variation. If the rating is <b>Excellent</b> , <b>Good</b> , <b>Marginal</b> or <b>Unsatisfactory</b> , please provide additional information in the appropriate block or in the remarks section of this form.
<b>"E" = Excellent</b> = Performance <b>greatly exceeded</b> the contract requirements
<b>"G" = Good</b> = Performance <b>exceeded</b> the contract requirements
<b>"S" = Satisfactory</b> = Performance <b>met</b> the contract requirements
<b>"M" = Marginal</b> = Performance met the minimum contract requirements but some material aspects of the contractor's performance were <b>less than satisfactory</b>
<b>"U" = Unsatisfactory</b> = Performance was <b>poor</b> and/or did not satisfy contract requirements
Please write in "not applicable" or "neutral" if unable to rate a certain question. For any E, G, M, or U rating, please provide a short summary explanation of rating.

Please rate and provide information/comments for the following:	Circle one
Q1. To what extent did the contractor comply with overall contract requirements?	E G S M U
Q2. How successful was the Contractor in filling all requirements?	E G S M U
Q3. How would you rate the quality of the Physicians provided by this Contractor in terms of technical competence, reliability, and demeanor with patients and staff.	E G S M U
Q4. To what extent was the Contractor able to meet unexpected and short notice changes and/or requirements (e.g. unexpected shift vacancies, training requirements).	E G S M U

Q5. How would you rate the Contractor's administrative staff as pertains to communication with your organization's key personnel, their ability to complete credentialing and privileging, billing and invoicing processes, and overall contract management?	E G S M U
Q6. Did you issue any cure notices, show cause letters, or suspension of payment? If yes, please explain.	Yes No
Q7. Would you award another contract to the Contractor being evaluated? If no, please explain:	Yes No

Q8. Additional Comments pertaining to contractor performance:

Printed Name & Signature of Evaluator

Date

6. Thank you for your time. Please return completed questionnaire to Leigh Ann Nunn, Contracting Officer for this acquisition, at [leigh.nunn2@va.gov](mailto:leigh.nunn2@va.gov) **not later than 2:00 pm Central, JANUARY 29, 2016**. For any questions, please call 405-456-5113.